

Senate Committee on Health Policy, 2016
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Testimony Supporting Senate Bill 1013

Good afternoon, Chairman Shirkey and members of the committee. My name is Dr. Kevin Steely, and I am here today representing the Michigan Primary Care Association as well as the Dental Director of Grace Health, a community-based non-profit Health Center headquartered in Battle Creek, MI, to speak in support of Senate Bill 1013. Grace Health is one of 40 Federally Qualified Health Center organizations (or "Health Centers") in Michigan. Throughout the state and the country, Health Centers exist specifically to provide care to the underserved individuals and families in our communities.

In my career, I have 32 years of experience as a dentist as well as a member of organized dentistry via the ADA, MDA & WDA. I have been in solo private practice, group private practice as well as in public health dentistry - where I plan to stay for the duration of my career.

I graduated from the University of Michigan School of Dentistry and subsequently began a private practice in a small community in northern Michigan. While in private practice, I discovered a segment of our Michigan population who were clearly unable to access dental care – specifically to find a Dental Home. The term "Dental Home" is particularly germane to our discussion regarding this bill. Patients who qualified for dental services via Medicaid have always had very limited options for a Dental Home. I'll revisit this concept in a moment.

In my private practice, I accepted Medicaid-insured patients for several years but discovered it was completely untenable as a business decision. The reimbursement for services I provided was wholly inadequate to meet expenses. After 24 years in private practice, I joined Grace Health as the Dental Director in 2008 to encounter a new world in public health dentistry. Grace Health provides comprehensive primary care, preventive care, behavioral health, optometric, Ob/Gyn and dental services to over 30,000 individuals from both urban and rural areas of Calhoun County. In 2015, our dental practice provided more than 27,000 dental encounters to nearly 13,000 patients. Grace Health is the primary provider of dental services to Medicaid-insured patients for Calhoun County.

We employ 11 dentists in a full- or part-time capacity. We are a true group practice where the patient pool is shared among all providers. This model provides robust peer review to meet our rigorous standards for quality care.

Additionally, we are a precepting site for the University of Michigan School of Dentistry Department of Community-Based Dental Education. This means we have two 4th-year dental students on-site during open hours working for our patients alongside our dentists. The students provide the same irreversible procedures our dentists provide under rigorous supervision. The students' presence leverages the Grace Health dentists to provide additional services for our patients.

As a sidebar, among the challenges I've heard about SB1013 is the term "irreversible procedures". My colleagues in the medical profession delegate trained support staff – who are not doctors – to provide irreversible procedures daily in virtually every medical office. Just one example: an immunization is an irreversible procedure; medical assistants without any college degree provide this service on a regular basis.

At Grace Health we provide robust access for our patients. When the Healthy Michigan Plan started several years ago, Calhoun County's Medicaid-insured population jumped by more than 6,000 individuals who are now eligible for dental services. As the primary provider of dental services to this population we had to get creative. Resources did not exist to expand our physical plant. What we did was develop the Dental Department into two working groups: each working 36 hours per week in the same office. Hence the Dental Department has been open for the past 2 years: 6 days per week for 13 hours per day as we attempt to meet our community's oral health care needs. Additionally, a safety-net public health dental office should have access for dental urgencies every day. Grace Health has this by offering walk-in hours from 4-6pm every day we're open.

Additionally, we have developed an innovative program to improve access to dental services for pregnant women by embedding dental hygienists directly in our Ob/Gyn department which is in the same facility as our complete dental operator. This program – the only of its kind in the state– offers preventive services and oral health education to our new mothers and moms-to-be in a way that brings the services to them rather than having to find time for another appointment in a different part of our Health Center. This program has received state-wide recognition for its unique - interventional - approach to improving oral health.

Our dilemma is scheduled appointments: we're currently looking at late January/early February for our next scheduled appointment. Additionally, the oral disease burden is demonstrably over-represented in the Medicaid-insured population. Emergencies and urgencies are frequent. Further, prosthetic fabrication (dentures, partial dentures, etc.) is also hindered by the access challenge. The fact is, to meet this demand we need more dental practitioners, but recruitment is a constant challenge.

At Grace Health, we are currently recruiting for 4 dentist openings. We are in dire need of additional practitioners able to provide the necessary restorative care required the majority of our patients. With additional practitioners our dental clinic would be able to increase the availability of dental services in our communities via leveraging all staff to the full extent of their respective licenses. This is the crux of the dental therapist concept as promulgated in SB1013.

If I had dental therapists working alongside my dentists – analogous to our fourth-year dental students – it would permit a greater volume of services for our community. It would reduce the waiting time for appointments. It would provide patients who have been out of the "traditional dental practice" box a dental home. Delegation of services for which a dental therapist is qualified & credentialed necessarily enables associated dentists to treat patients who require more advanced care, such as prosthetic fabrication or surgical services, which can only be provided by a licensed dentist. Dental therapists could assist with administration of local

anesthetic delivery and diagnostic services. Being able to further delegate simple restorative procedures? Even better for our underserved population.

With additional practitioners, we would also be able to increase our ability to pursue innovative ways to deliver care to our patients. Consider dentists who are seasoned – experienced (not to say elderly – I resent that remark!) – retirees: they possess a wealth of skill and diagnostic knowledge which could be a part of this equation. Many retired dentists could find a different career challenge after cessation of private practice by providing essential oversight and mentoring to dental therapists. Again – the concept of leverage on behalf of patients who need care.

There are many proposals which can help address the challenge to Dental Home access. Clearly, there are many well-intentioned private practice dentists who open their dental chairs for charity care. This is wonderful! I frequently did this during my earlier career as a private practice dentist. But – and it's a BIG but– charity work is not a Dental Home.

To review, a Dental Home is exactly that: a location where routine preventive and restorative services can be readily accessed in a timely manner. For a needy patient, Dental Home identification and utilization is the sole means to reduce the impact of poor oral health. Charity work is terrific – it often alleviates an emergency or an urgency. Occasionally more advanced services are offered – but charity work is not a systemic solution. Our fellow residents deserve more. When a Michigan resident cannot have access to a Dental Home - the next stop is all too frequently the local emergency department. This is a horrible misuse of available resources and clearly costs taxpayers more money.

As there are many options to improve access to dental care which can (and should be) be considered and debated, my experience leads me to believe that this conversation should be a “yes and,” rather than “either or,” and that the best possible outcomes for our patients occur when we collaborate in an innovative team-oriented environment.

1. Dentists providing charity work. Yes and...
2. Mission of Mercy events. Yes and...
3. Collaboration with our two terrific in-state dental schools; providing opportunities for dental students to hone skills under dentists' supervision. Yes and...
4. Looking outside our traditional box for solutions to improve Michigan residents' oral health-related quality-of-life. Yes and...
5. Tapping experienced dentists to leverage their knowledge and skills to providing mentoring to improve public health. Yes and...
6. Not reinventing the wheel regarding Dental Therapists. The program is successful in another Midwest state. For Michigan and this Senate committee – we are not traveling down a wholly-new road. CODA – the Council on Dental Accreditation – the same body providing dental school accreditation – has already promulgated accreditation standards for Dental Therapists. Yes and...
7. Increasing reimbursement rates for procedures provided for Medicaid-insured Michigan residents. Yes and... I think you get the point.

Bottom line, if I could employ dental therapists in Michigan to assist in delivering quality care under appropriate supervision to meet the needs of our communities, I would hire four therapists today. If there are dental practices in Michigan, including other FQHCs, that don't want dental therapists, I believe they alone should make the decisions for their own practice as to how to expand access to care in their communities, but that does not mean we should not have the option to employ a dental therapist if we believe that is right for our community.

In closing, we - as a state - must seek all available options to improve access to oral health care and provide dental professionals with all the tools in the toolbox that assure high quality dental care with patient safety as paramount for dental practices.

Grace Health strongly supports Senate Bill 1013 and we fundamentally believe the addition of dental therapists in Michigan will allow us to better meet the needs of our communities with quality, comprehensive oral health care within a competent team of dental professionals. Thank you for your time.